

# Franklin County Board of Health

Memorial Hall, 280 East Broad Street, Columbus, OH 43215-4562

## Health Commissioner

Susan A. Tilgner,  
MS, RD, LD, RS

## Board Members

Jack R. Bope

Dana L. McDaniel

Annemarie Sommer, M.D.

Robert S. Steele

Joseph P. Weaver

## Web Site Address

[www.co.franklin.oh.us/  
board\\_of\\_health](http://www.co.franklin.oh.us/board_of_health)

## (614) 462-3160 Phone

(614) 462-6672  
Administrative Division Fax

(614) 462-3851  
Environmental Division Fax

(614) 462-6673  
Nursing Division Fax

## Serving the communities of:

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Brown Township • Canal  
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Washington Township •  
Westerville • Whitehall

## APPLICATION FOR SITE EVALUATION

Receipt Number: \_\_\_\_\_

Date: \_\_\_\_\_

Record Number: \_\_\_\_\_

I, \_\_\_\_\_, am requesting the services of a representative of the  
Franklin County District Board of Health to perform:

\_\_\_\_ site evaluation for existing lot;

\_\_\_\_ site evaluation for lot split, number of lots \_\_\_\_\_;

\_\_\_\_ site evaluation for subdivision, number of lots \_\_\_\_\_.

A fee of \$75.00 per lot will be required for an on-site evaluation.

An additional fee for reviewing proposed subdivision plans for preliminary and final planning commission approval will be required as follows:

(1-5 lots = \$250.00) (6-10 lots = \$300.00) (11-15 lots = \$350.00) (16-20 lots = \$400.00) (>20  
lots = \$450.00)

Location of site to be evaluated: \_\_\_\_\_

City/Township/Village: \_\_\_\_\_

Individual to receive results: \_\_\_\_\_

Address to mail results: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number of requester: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

A twenty-five dollar (\$25.00) service charge will be assessed to any check returned un-paid by your bank to this office.

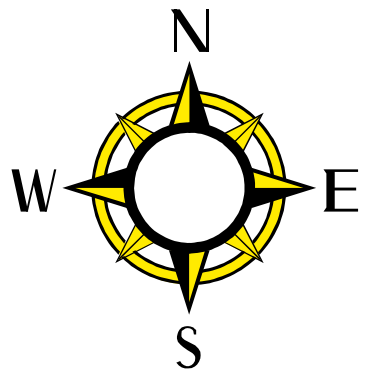
The fee for this service is NOT refundable once our representative has been out to the property. The Board of Health representative will only arrange or conduct the evaluation(s) Monday through Friday, between 10:00a.m. and 3:30p.m. Please make sure that the property corners are properly marked and easily identified.

\_\_\_\_\_  
(Signature of Individual Requesting Evaluation)

\_\_\_\_\_  
(Date)

THIS OFFICE WILL MAIL RESULTS TO THE PERSON WHO SIGNED THIS REQUEST FORM, EXCEPT WHEN REQUESTED TO DO OTHERWISE BY REQUESTOR. THIS EVALUATION IS NOT A PERMIT. ANY EVALUATION REPORT CREATED BY THE FRANKLIN COUNTY BOARD OF HEALTH IS BASED UPON CURRENT REGULATIONS AND AN INSPECTION OF THE EXISTING PHYSICAL CONDITIONS OF THE PROPERTY. THIS REPORT IS NOT A GUARANTEE FOR A FEASIBLE BUILDING SITE, IN FACT, THE APPLICANT IS GIVEN NOTICE THAT THE REPORT MAY CONCLUDE THAT SUCH SITE IS NOT SUITABLE FOR DEVELOPMENT

(USE NEXT PAGE TO DRAW PROPOSED SITE LOCATION)



NOTES: \_\_\_\_\_

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